

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038553

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

5523

FILED NOV 9 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 2 hrs. 10 min.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) Rt. # 1 - Box 287	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH Month Day Year	
JAMES RUSSELL ALLISON				OCTOBER 28, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-5-1943	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIRMAN (Auto Body)		10b. KIND OF BUSINESS OR INDUSTRY BUCKNER AUTO SERVICE		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME FARREL R. ALLISON		13b. MOTHER'S MAIDEN NAME VIRGINIA EDWARDS		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Farrel R. Allison, Rt. # 1-Box 278, Buckner,	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock + Hemorrhage Ruptured spleen		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) Riding off on truck bumper fall	
20c. TIME OF INJURY Hour a.m. p.m. 10-28-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jackson CO	20e. CITY, TOWN, OR LOCATION Jackson	20f. COUNTY STATE Missouri MO

21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 152 Union Station		22c. DATE SIGNED 10-31-62	
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL		23b. DATE 10-31-62		23c. NAME OF CEMETERY OR CREMATORY BUCKNER CEMETERY	
23d. LOCATION (City, town, or county) BUCKNER, MISSOURI					

24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 10-31-62		26. REGISTRAR'S SIGNATURE Ruth Long	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Hugh H. Owens

MEDICAL CERTIFICATION

DATE AMENDED

AMENDED

AMENDED

AMENDED

AMENDED

AMENDED

AMENDED

AMENDED

AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marshall E. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.